MAXIMUS Federal Services

Case Number:	CM15-0037397		
Date Assigned:	03/05/2015	Date of Injury:	03/29/2014
Decision Date:	04/16/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Florida
Certification(s)/Specialty: Neurology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old male, who sustained an industrial injury on March 29, 2014. He has reported injury to his right shoulder and lower back. The diagnoses have included right shoulder impingement condition with probable rotator cuff defect and lumbar/thoracic strains. Treatment to date has included diagnostic studies and medications. On March 9, 2015, the injured worker complained of chronic right shoulder pain and impaired motions, as well as some persistent mid and low back pain. On February 13, 2015, Utilization Review non-certified retrospective pharmacy purchase of Voltaren 100mg #30, Protonix 20mg #60 and Tylenol #3 300/30mg #60 DOS 01/12/2015, noting the CA MTUS Guidelines. On February 27, 2015, the injured worker submitted an application for Independent Medical Review for review of retrospective pharmacy purchase of Voltaren 100mg #30, Protonix 20mg #60 and Tylenol #3 300/30mg #60 DOS 01/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective pharmacy purchase of Voltaren 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain but does not document specific functional gain in regard to benefit from therapy including the NSAID. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long-term effectiveness for pain. As such the medical records provided for review do not support the use of voltaren for the insured as there is no indication of objective benefit in function.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. The medical records provided for review do not document a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. As such the medical records do not support a medical necessity for omeprazole in the insured congruent with ODG.

Tylenol #3 300/30mg #60 DOS: 1/12/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- pain, opioids.

Decision rationale: ODG guidelines support opioids with ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing

opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are not supported.